

DMV Lane Technician Observation Report

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| DMV Technician: <u>TJORDAN CHAPMAN</u> | | Position: <u>Port 2</u> | |
| Station: <u>CR</u> | Date: <u>9-30-14</u> | Time: <u>10:30</u> | |
| Vehicle Make: <u>FORD</u> | Model: <u>Probe</u> | Year: <u>1995</u> | |
| GVWR: | Fuel Type: <u>G</u> | Registration Number: <u>VN58192</u> | |
| Auditor: <u>Dossert</u> | | Covert / <u>Over</u> t (circle one) | |

| | YES | NO | N/A |
|--|-----|----|-----|
| 1. Did technician check vehicle paper work and verify VIN number? | ✓ | | |
| 2. Was Emissions testing required? | ✓ | | |
| a) Was Emissions testing performed using OBD? | | ✓ | |
| b) Was Emissions testing performed using Analyzer Probe? | ✓ | | |
| c) Was Emissions testing performed using Paddle(s)? | | ✓ | |
| d) Was Emissions testing performed using Clip? | | ✓ | |
| 3. Was Catalytic Converter inspection required? | | ✓ | |
| a) Was Catalytic Converter inspection performed? | | | ✓ |
| 4. Was Fuel Tank pressure testing required? | | ✓ | |
| a) Was Fuel Tank pressure testing performed? | | | ✓ |
| 5. Was Fuel Cap pressure testing required? | | ✓ | |
| a) Was Fuel Cap pressure testing performed? | | | ✓ |
| 6. Is this test a Re-check from a prior failure? | | ✓ | |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | ✓ |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | ✓ |
| | | | |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | | ✓ | |
| a) Was Two-Speed Idle testing performed? | | | ✓ |
| | | | |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | ✓ | | |
| a) Was Curb Idle testing performed? | ✓ | | |
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| Comment: | | | |
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| Lane Supervisor Signature: _____ | | | |

DMV Lane Technician Observation Report

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| DMV Technician: <u>DAVE TAYLOR</u> | | Position: <u>For 2</u> | |
| Station: <u>CT</u> | Date: <u>9-30-14</u> | Time: | |
| Vehicle Make: <u>Dodge</u> | Model: <u>Ram</u> | Year: <u>2005</u> | |
| GVWR: <u>4650</u> | Fuel Type: <u>G</u> | Registration Number: <u>C344387</u> | |
| Auditor: <u>Dossert</u> | | Covert / <u>Overt</u> (circle one) | |

| | YES | NO | N/A |
|--|-----|----|-----|
| 1. Did technician check vehicle paper work and verify VIN number? | ✓ | | |
| 2. Was Emissions testing required? | ✓ | | |
| a) Was Emissions testing performed using OBD? | | ✓ | |
| b) Was Emissions testing performed using Analyzer Probe? | ✓ | | |
| c) Was Emissions testing performed using Paddle(s)? | | ✓ | |
| d) Was Emissions testing performed using Clip? | | ✓ | |
| 3. Was Catalytic Converter inspection required? | | ✓ | |
| a) Was Catalytic Converter inspection performed? | | | ✓ |
| 4. Was Fuel Tank pressure testing required? | | ✓ | |
| a) Was Fuel Tank pressure testing performed? | | | ✓ |
| 5. Was Fuel Cap pressure testing required? | | ✓ | |
| a) Was Fuel Cap pressure testing performed? | | | ✓ |
| 6. Is this test a Re-check from a prior failure? | | ✓ | |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | ✓ |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | ✓ |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | | ✓ | |
| a) Was Two-Speed Idle testing performed? | | | ✓ |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | ✓ | | |
| a) Was Curb Idle testing performed? | ✓ | | |
| Comment: | | | |
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| Lane Supervisor Signature: _____ | | | |

Revised 04/12/2013

DMV Lane Technician Observation Report

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| DMV Technician: <u>KEITH TASON</u> | | Position: <u>1</u> or 2 | |
| Station: <u>GT</u> | Date: <u>9-30-14</u> | Time: <u>11:00</u> | |
| Vehicle Make: <u>Toyota</u> | Model: <u>SIENNA</u> | Year: <u>2005</u> | |
| GVWR: <u>5490</u> | Fuel Type: <u>G</u> | Registration Number: <u>PC450713</u> | |
| Auditor: <u>DOSSERT</u> | | Covert / <u>Overt</u> (circle one) | |
| | YES | NO | N/A |
| 1. Did technician check vehicle paper work and verify VIN number? | <input checked="" type="checkbox"/> | | |
| 2. Was Emissions testing required? | <input checked="" type="checkbox"/> | | |
| a) Was Emissions testing performed using OBD? | | <input checked="" type="checkbox"/> | |
| b) Was Emissions testing performed using Analyzer Probe? | <input checked="" type="checkbox"/> | | |
| c) Was Emissions testing performed using Paddle(s)? | | <input checked="" type="checkbox"/> | |
| d) Was Emissions testing performed using Clip? | | <input checked="" type="checkbox"/> | |
| 3. Was Catalytic Converter inspection required? | | <input checked="" type="checkbox"/> | |
| a) Was Catalytic Converter inspection performed? | | | <input checked="" type="checkbox"/> |
| 4. Was Fuel Tank pressure testing required? | | <input checked="" type="checkbox"/> | |
| a) Was Fuel Tank pressure testing performed? | | | <input checked="" type="checkbox"/> |
| 5. Was Fuel Cap pressure testing required? | | <input checked="" type="checkbox"/> | |
| a) Was Fuel Cap pressure testing performed? | | | <input checked="" type="checkbox"/> |
| 6. Is this test a Re-check from a prior failure? | | <input checked="" type="checkbox"/> | |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | <input checked="" type="checkbox"/> |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | <input checked="" type="checkbox"/> |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | | <input checked="" type="checkbox"/> | |
| a) Was Two-Speed Idle testing performed? | | | <input checked="" type="checkbox"/> |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | <input checked="" type="checkbox"/> | | |
| a) Was Curb Idle testing performed? | <input checked="" type="checkbox"/> | | |
| Comment: | | | |
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| Lane Supervisor Signature: _____ | | | |

Revised 04/12/2013

DMV Lane Technician Observation Report

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|--|-------------------------------------|--------------------------------------|-------------------------------------|
| DMV Technician: <u>Don Griffith</u> | | Position: <u>Por 2</u> | |
| Station: <u>GT</u> | Date: <u>9-30-14</u> | Time: <u>11:30</u> | |
| Vehicle Make: <u>CHEV</u> | Model: <u>TB</u> | Year: <u>2004</u> | |
| GVWR: | Fuel Type: <u>G</u> | Registration Number: <u>PC406608</u> | |
| Auditor: <u>Dosserr</u> | | Covert / Overt (circle one) | |
| | YES | NO | N/A |
| 1. Did technician check vehicle paper work and verify VIN number? | <input checked="" type="checkbox"/> | | |
| 2. Was Emissions testing required? | <input checked="" type="checkbox"/> | | |
| a) Was Emissions testing performed using OBD? | | <input checked="" type="checkbox"/> | |
| b) Was Emissions testing performed using Analyzer Probe? | <input checked="" type="checkbox"/> | | |
| c) Was Emissions testing performed using Paddle(s)? | | <input checked="" type="checkbox"/> | |
| d) Was Emissions testing performed using Clip? | | <input checked="" type="checkbox"/> | |
| 3. Was Catalytic Converter inspection required? | | <input checked="" type="checkbox"/> | |
| a) Was Catalytic Converter inspection performed? | | | <input checked="" type="checkbox"/> |
| 4. Was Fuel Tank pressure testing required? | | <input checked="" type="checkbox"/> | |
| a) Was Fuel Tank pressure testing performed? | | | <input checked="" type="checkbox"/> |
| 5. Was Fuel Cap pressure testing required? | | <input checked="" type="checkbox"/> | |
| a) Was Fuel Cap pressure testing performed? | | | <input checked="" type="checkbox"/> |
| 6. Is this test a Re-check from a prior failure? | | <input checked="" type="checkbox"/> | |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | <input checked="" type="checkbox"/> |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | <input checked="" type="checkbox"/> |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | | <input checked="" type="checkbox"/> | |
| a) Was Two-Speed Idle testing performed? | | | <input checked="" type="checkbox"/> |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | <input checked="" type="checkbox"/> | | |
| a) Was Curb Idle testing performed? | <input checked="" type="checkbox"/> | | |
| Comment: | | | |
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| Lane Supervisor Signature: _____ | | | |

Revised 04/12/2013